

(Requestor's Name)
(Andress)
(Address)
(City/State/Zip/Phone #)
☐ PG4JP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
Special instructions to Filing Officer







2020 KKY 20 AH 8: 41

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT N	O. : I2000000195			
REFEREN	CE: 822088 8002889			
AUTHORIZATI	ON:			
COST LIM	IT 754425800 na			
	·····//			
ORDER DATE : May 19,	2021			
ORDER TIME : 9:48 AM				
ORDER NO. : 822088-0	10	•	2020	
CUSTOMER NO: 80028	89			,
		4	20	1-
<u>DOMES</u>	TIC FILING		4 :8 HV	
NAME: 6701	Ala BEACH, LLC	구제	-	
EFFEC	TIVE DATE:			
ARTICLES OF INC	ORPORATION			
	LIMITED PARTNERSHIP			
XX ARTICLES OF ORG	ANIZATION			
PLEASE RETURN THE FOLLS	OWING AS PROOF OF FILING:			
CERTIFIED COPY				
XX PLAIN STAMPED				
CERTIFICATE OF	GOOD STANDING			
CONTACT PERSON: Eylie	na Baker - EXT.			
	EXAMINER'S INITIALS:			

COVER LETTER

TO:	New Filing Section Division of Corpo						
	6701 A1A Bea	ich, LLC					
SUBJE	ECT:	Name of	f Limited Liabi	lity Company			
The en	closed Articles of Or	ganization and fee(s) are submitte	d for filing.			
	return all correspond						
	Douglas A. Par	(
			Name o	of Person			
	Douglas Park L	aw					
			Firm/C	ompany			
	708 Church Str	cct					_
			Add	dress			
	Decatur, Georg	ia 30030					29
			City/State a	and Zip Code		•	7020 MIN 20
	dpark@douglas			-1t-natificati			- 🐺
	E-1	nail address: (to be	used for future	annual report notificati	on)		20
For furt	her information conc	erning this matter,	plcase call:			<u>.</u>	盖
	Douglas Park		404 at (919-1957); ;; <u>;</u>	÷ oòo (
	Name	of Person	Area Code	Daytime Telephon	e Number		
Enclo	sed is a check for the	following amount:					
≡\$ 1:	25.00 Filing Fee	□\$130.00 Filing F Certificate of State	us Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)			&
	New Fili Division P.O. Bo	Address ng Section of Corporations x 6327 see, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

6701 AlA Beach, LLC			
(Must conati	n the words "Limited Li	ability Company,	"L.L.C.," or "LLC.")
ICLE II - Address:			
nailing address and street add	ress of the principal off	ice of the Limited	Liability Company is:
Principal	Office Address:		Mailing Address:
6701 A1A Beach Boul	evard	708	Church Street
St. Augustine, Florida	32080 t, Registered Office, & annot serve as its own R	Registered Agent.	atur, Georgia 30030 nt's Signature: You must designate an individual o
St. Augustine, Florida ICLE III - Registered Agen Limited Liability Company c	t. Registered Office, & annot serve as its own R tive Florida registration	Registered Agent.	nt's Signature:
St. Augustine, Florida ICLE III - Registered Agen Limited Liability Company cer business entity with an ac-	t. Registered Office, & annot serve as its own R tive Florida registration	Registered Agent. () agent are:	nt's Signature:
St. Augustine, Florida ICLE III - Registered Agen Limited Liability Company cer business entity with an ac-	t, Registered Office, & annot serve as its own R tive Florida registration. Idress of the registered a	Registered Agent. () agent are:	nt's Signature:
St. Augustine, Florida ICLE III - Registered Agen Limited Liability Company cer business entity with an ac-	t, Registered Office, & annot serve as its own R tive Florida registration. Idress of the registered a	Registered Agent. a) agent are:	nt's Signature:
St. Augustine, Florida ICLE III - Registered Agen Limited Liability Company cer business entity with an ac-	t, Registered Office, & annot serve as its own R tive Florida registration. Idress of the registered a	Registered Agent. agent are: company Name	nt's Signature: You must designate an individual o
St. Augustine, Florida ICLE III - Registered Agen Limited Liability Company cer business entity with an ac-	t, Registered Office, & annot serve as its own R tive Florida registration dress of the registered a Corporation Service C	Registered Agent. agent are: company Name	nt's Signature: You must designate an individual

place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Corporation Service Company

By Inaudi & Folia-iRegistered Agent's Signature (REQUIRED)

(CONTINUED)

14:8 K8 02 XXX B33

Title: "AMBR" = Autho "MGR" = Manage		Name and Address:		
MGR		Art Wood 580 Mountainbrooke Circle Stone Mountain. GA 30087		
	_			
(Use attachment if	necessary)			
EV: Effective date ective date is listed. of filing.) the date inserted in	, if other than the date of the date must be spe	of filing: cific and cannot be more than five business days price cet the applicable statutory filing requirements, this day of State's records.	or to or 90	-
E V: Effective date ective date is listed. of filing.) the date inserted in ment's effective date.	, if other than the date of the date must be spec- this block does not m e on the Department o	cific and cannot be more than five business days price the applicable statutory filing requirements, this days	or to or 90	-
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